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IMPROVED COPING WITH AVH'S

This treatise is to argue a case for a new paradigm in coping with Auditory Verbal Hallucinations (AVH's). AVH's are a first rank symptom of schizophrenia and psychosis. They can lead to delusions, suicide, the need for qualified psychiatric care, and the need for antipsychotic pharmacology, to attempt to decrease the severity of the hallucinations.

Psychological interventions are valuable for drug-resistant AVH, including Acceptance and commitment therapy (ACT) and Compassionate mind training (CMT). This paper describes an extension to Hallucination-focused Integrative Therapy (HIT) that is a novel coping strategy called 1st Person Transcripts. This coping strategy is considered to be psycho-emotional, pertaining to the benefits of this approach to coping. They are like a journal or diary entry, but they are written quote unquote transcripts of the dialogue that takes place between the subject and their voices.

The Importance Of Hallucination-Focused Integrative Therapy (HIT)

Psychopharmacology, namely second generation antipsychotics tend to cause problems relating to metabolic syndrome, such as obesity and type 2 diabetes mellitus. They also cause cardiovascular side effects such as arrhythmias and deviations in blood pressure. Added to other cardiovascular risks such as sedentary lifestyle, obesity, substance abuse, and smoking that psychiatric patients are more prone to, there is clearly a higher rate of cardiovascular mortality associated with this population (Khasawneh, Shankar 2014).

All antipsychotic medications are associated with an increased likelihood of sedation, sexual dysfunction, postural hypotension, cardiac arrhythmia, and sudden cardiac death (Muench, Hamer2010). The choice of particular agents for individual patients requires a balancing of efficacy and side effects. Medication is only one element of what should be an individualised comprehensive treatment plan for people with schizophrenia (Lambert, Castle 2003).

30%–50% of patients with positive symptoms of schizophrenia are either not responsive or only partially responsive to typical antipsychotics. Negative symptoms and neurocognitive deficits respond poorly to typical antipsychotics or are exacerbated by them. Without discounting suicide, which accounts for less than a third of premature deaths, people diagnosed with schizophrenia can expect to live 9–12 years fewer, on average, than those in the general population.

The above indicates the necessity of concomitant psychological treatment.

1st Person Transcripts Antecedents

A background in psycho-education is required for the effective utilisation of 1st person transcripts. The subject should read generally about positive and negative symptoms of schizophrenia, and about first ranked symptoms. They also need to study papers about delusions, and understand that the transcripts are a material artefact of hallucinations, and not real voices.

1st Person Transcripts Benefits

An antecedent of engagement is necessary to write 1st person transcripts. The subject must be aware that it is necessary to be polite, responsive and respectful, regardless of the circumstances and the plot of the dialogue.

An initial benefit of this element of HIT is that the subject is able to clearly see that the voices they are experiencing are ill-mannered, spiteful, childish and rancorous. The evidence of this contrast is unambiguous and immediately obvious, resulting in the subject being confronted with the stark contrast between themselves and their voices, unavoidably realising "the higher moral ground". This leaves the subject feeling superior to the voices, and vastly improves their self-esteem, thereby negating suicidal ideation.

Transcripts should be written/recorded for at least 6 months to be most affective, and compiled into a library. What then occurs is that the incorrectness and malevolent 'behaviour' of the voices becomes clearer and clearer. After a time, it becomes incontrovertible and unambiguous to the subject that the voices are essentially criminal, and completely inaccurate, deceitful and malicious. The unavoidable conclusion then is that the voices are wrong, criminal, and the subject is good, kind, and very redeemable and commendable. This is how to defeat suicidal ideation.

Another benefit of 1st person transcripts is that they enable carers, family and friends to gain accurate insight into the experience of hearing voices, thereby facilitating sympathy and compassion for the subject. Normally the experience of hearing voices remains a private and exclusive experience, leading to isolation, social withdrawal, then depression and often suicide. The transcripts enable sharing of the plot, the negative valence, the evil-nature, and the rancour of the voices, so that other people can know of the extremes and difficulties stemming from experiencing voices, and they can know the specifics that are impacting the subjects demeanour.

1st person transcripts also represent an opportunity for a counsellor or coach to get involved in managing and coping. AVH's are bullying by nature, and mentoring and coaching are unexplored avenues of effective coping. A counsellor is able to read the transcripts and advise methods for dealing with the specific nature and topics unique to each person's AVH's. Transcripts allow you to identify themes and characters and you can track changes over time. When specifics of the content of AVH's are known, strategies and responses to particular recurring statements and common topics can be practiced and prepared, resulting in a 'win' for the subject over their voices.

Experiments demonstrate the potential for a strange paradox with transcripts of AVH's. The mere fact of creating a 1st person transcript tends to immediately impact the nature and content of the AVH's. This effect is yet to be fully understood and qualified and quantified, but indications are that the transcript creation interrupts the commentating nature of voices, and leads them to be more interlocutory.

Large and stable reductions in conviction regarding the omnipotent beliefs about voices has been reported, and this resulting view of the voices is associated with reduced distress, increased adaptive behaviour, and, unexpectedly, a fall in voice activity (Chadwick, Burchwood 1994).

Finally, utilising 1st person transcripts should result in significantly increased effectiveness in coping with the experience of hearing voices. The degree of improvement has not yet been measured, but this coping strategy shows efficacy in treating psychosis, resulting in substantially less reliance on antipsychotic medications (that are often [74%] discontinued as an assigned treatment owing to inefficacy or intolerable side effects or for other reasons).

Creating 1st Person Transcripts

1st person transcripts can be created by persons of any age. This makes them especially suitable for extremely young schizophrenics, eg: 6 year olds, who are naturally adept with technology. Transcripts should be de-identified to avoid incriminating anyone, especially if real names occur. De-identification also speeds up the process of writing them. After de-identifying, it is OK to edit (delete parts or rearrange chronologically) the transcript so as not to incriminate yourself, but never add or change the words of the transcript, in any way whatsoever.

Firstly, write (or record) the date and time. Then, by writing or typing directly into a document, record the dialogue, or monologue (them only) of what is heard. The need to type fast is alleviated because ample time can transpire before responding to the voices, or before recording the next statement (curiously the voices will wait until you have written what they just said before they make any further statements! – the "paradox"; *infra*).

Alternatively, the subject can use a smartphone with a voice recording application. Simply repeat what the voices say into the microphone, followed by your spoken response (if desired. It is recommended that you do). The audio files can then be transcribed into a document manually or automatically.

Once completed, the transcript should be copy-written, and "all rights reserved". The transcript should then be saved and backed up. Finally, the transcript needs to be published. Free website are available online, or any of the mental health forums are suitable venue for publishing. If the transcript incriminates any person you know, they should be sent a copy of what you have published.

AN EXAMPLE

Here is an example of a 1st person transcript:

23rd December 2016 approximately 1440 hours
(B1, B2 etc = Bandido; S = me; J=Julia)

?B1: one of our members just died
?B2: what does died mean
J: I'm not telling you what died means
?b1: can you hear that SS?
S: no
B2: I can see you SS
F1: Julia....;
b2: what is going on SS
S: I don't know
B2: you are getting beaten up tonight, do you understand that
S: no
b2: you just wait SS. did you steal our money
S: :no
b2: it went to your account
S: how much? (I am checking my account as i write)
B2: $48 751
S: well its not in my account
b2: what's the password on your account
S: there is none
b1: b1 here. you are going to get beaten up tonight. do you get that?
S: didn't answer
b1: b1 here. Are you going to post that?

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